

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 17, 1987

ALL-COUNTY LETTER NO. 87-99

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY COUNSELS

SUBJECT: CHILD WELFARE SERVICES NOTICES OF ACTION
INSTRUCTIONS

The purpose of this All-County Letter is to transmit instructions regarding the statewide implementation of Notices of Action (NOAs) and State Hearings (SHs) for recipients of child welfare services (CWS) effective August 1, 1987. NOAs and SHs for recipients of CWS are required by federal regulation (45 Code of Federal Regulations 1355.30) and State statute and regulations (Welfare and Institutions Code Section 10950 and Division 22, MPP 10-116 and 117).

Notices of Action are given to recipients of child welfare services to inform them of actions that the county will take and to identify the regulatory basis for the action. NOAs also inform recipients of their rights to file for a State hearing within ninety days of the date of the notice.

Alameda and Sacramento counties have been providing NOAs to recipients of CWS as pilot counties since October 1, 1986. The following parameters for issuing NOAs in the CWS programs are the result of ongoing discussion and consultation with Alameda and Sacramento counties during the pilot project. The San Francisco Youth Law Center also provided valuable input during the pilot project.

SHs for CWS cases will be scheduled and heard in the same manner as any other administrative hearing as directed in Division 22, MPP 10-116 and 117. An appeal for an SH may be filed in any case by anyone. The determination as to whether the issue raised is within the jurisdiction of the SH or whether the individual who files for a hearing is eligible to be heard will be made by the administrative law judge. The jurisdiction of an administrative law judge in an SH is limited to county actions where the county has exercised administrative discretion regarding the type or amount of CWS to be provided. An administrative law judge has no jurisdiction in an SH to change a court order. However, if a court order is not specific and a child welfare services worker

arranges the details of the services to be provided and included in the service plan, the arrangement of details is hearable. The entire service plan is hearable when services are being provided pursuant to a voluntary agreement. The administrative law judge to whom a request for State hearing is assigned will review relevant court and case records to determine the extent of his or her jurisdiction in the issues raised in the request.

NOAs must be given to any recipient of services authorized pursuant to a service plan in any CWS program. The first NOA must be given no later than 30 days after the first service plan is implemented. In all instances involving an ongoing CWS case an NOA must be given 10 days prior to the effective date of any change in the service plan. A change could be, but is not necessarily limited to, any of the following: a change or modification to a specific service or to a service plan, termination of a specific service or service plan, or termination of CWS entirely. An NOA is not required if the individual service provider changes but the service plan does not change. This applies to a change in foster care placement if the change in placement is not the result of a change in the service needs of the child. If there is any change in services of any kind and a reassessment and modified service plan are indicated, an NOA informing the recipient of intended changes must be given. Although a parent or foster parent who wishes to protest a change in placement has the right to formally request an SH regarding the change, regulations provide that an administrative grievance review is the appropriate review mechanism for such protests.

If an appeal is filed within ten days of notification, the service plan will remain unchanged until an SH is held. If the CWD thinks that the child is in danger without the changed service plan, a specific court order should be obtained.

A request for services which the CWD determines it will deny must be documented by a separate written application for the specific service(s) and will start the process for an NOA to formally deny the service(s). NOAs to inform recipients of a denial of specific services (other than voluntary ER services) must be sent within 10 days of receiving the application. NOAs to inform requestors that voluntary ER is denied must be given within 30 days of the application.

More specific guidelines regarding when and to whom NOAs are to be issued in each CWS program are provided below:

1. In the Emergency Response Program (ER), a child or the parents of a child receiving ER services pursuant to a service plan who have made a request for a specific service must be given an NOA within 10 days of the request to inform them that the request has been denied. The parents of a child who received CWS in ER pursuant to a service plan must be given an NOA informing them of termination of CWS. As stated above, an NOA denying a request for voluntary ER must be sent to a requestor within 30 days of receipt of the application.
2. In the Family Maintenance Program (FM), all families receiving FM services, either court ordered or voluntary, must be given an NOA 10 days before the implementation of a change in services (unless this is the first service plan as explained on the previous page). Counties must respond to a request for a specific service(s) within 10 days of a request. An NOA must be sent to inform the recipient that a request for a specific service(s) is denied.
3. In the Family Reunification Program (FR), NOAs must be given to the parents of a child for whom FR services are being provided, 10 days before a change in services, to notify them of the change. A parent who initiates a service request for him/herself or on behalf of the child or a foster parent or attorney who initiates a service request on behalf of the child must be given an NOA within 10 days to inform the requestor that the request is denied. If a written service plan includes a specific part which the child must carry out, or if the child has made a written request which is denied, the child shall be given an NOA notifying the child of the action.
4. In the Permanent Placement Program (PP), NOAs notifying the appropriate person, as defined below, must be provided 10 days before any change in services to:
 - A. Caretakers of all children under 12 years of age;

- B. Children 12 years of age or older who participate in service planning, and to any permanent caretaker (i.e. preadoptive parent, guardian or long term foster parent where the foster parent and the child have made a commitment to long term placement). If a child does not participate in service planning, the NOA will be given to the caretaker;
 - C. Any parent who indicates willingness to continue visitation when the assessment of the county determines or the court orders that visitation by the parent is in the best interest of the child.
 - D. Any group home provider or attorney who has initiated a request for service on behalf of a child when the request is being denied.
5. NOAs will not be given in any program if a requested change must take effect in an extremely short time period (e.g. a birthday visit requested one day in advance) and an SH could not be completed in an appropriately timely manner. Requests by recipients for changes to a service plan must be made at least 10 days prior to the effective date of the proposed change.

NOAs may be mailed (certified mail is not required) or delivered in person to the recipients. The pilot counties found that giving the NOA at the time the service plan was discussed with and signed by the parents worked well and was less confusing to the parent than delivering the NOA at another time. In those instances where the NOA was mailed, the parents were usually confused by the NOA and more county staff time was required to explain the purpose of the NOA.

Effective August 1, 1987, and based on the above guidelines, NOAs are to be implemented for all CWS programs. NOAs for existing county CWS cases should be phased in by giving an NOA when a service plan is changed or at the time of the next reassessment, whichever comes first. If there is no change to the current service plan at the time of reassessment, an NOA is to be given with a copy of that service plan attached. The NOA is to be marked "Other" with an explanation in the space provided that the

purpose of the NOA is to provide information regarding the right of the recipient of CWS to an SH if there is a disagreement about any part of the current service plan that was not ordered by the court. If the reassessment indicates that changes to the service plan are necessary, the revised service plan must be attached to the NOA.

Samples of forms to be used to implement NOAs are attached. Supplies of these forms are available from the DSS warehouse. The NA 981 and NA 982 have been printed in triplicate (carbon interleaved) and are available in English and Spanish. The SOC 383 is printed in single sheets.

An All-County Information Notice will be issued in the near future to transmit CWS program description pamphlets which may be given with the NOA when a child progresses into the CWS system beyond the ER program phase. It is anticipated that these written descriptions of the CWS programs will help recipients to understand how the CWS system works and will reduce the number of questions posed to caseworkers.

Questions regarding NOAs and SHs should be directed to your Adult and Family Services Operations Consultant at (916) 445-0623 or ATSS 485-0623.



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachments

cc: CWDA

**NOTICE OF INTENDED ACTION AND
RIGHT TO REQUEST A HEARING**

Child Welfare Services Notice of Action

DATE MAILED	
AGENCY	
ADDRESS	
CITY	ZIP CODE
SOCIAL WORKER	PHONE

Case #:

Case Name:

☐ The county will give _____ child welfare services.

The services are listed in the attached service plan.

Here's why:

☐ This child is a dependent of the court. The county has been told by the court to supervise the child in the home.

☐ This child is a dependent of the court. The county has been ordered to place the child out of the home while the home is made safe for the return of the child.

☐ Your family is willing to accept services to make the home safe while this child

☐ is in the home.

☐ is placed out of the home.

The service plan tells you what we will do and what you are expected to do. The county will review and change it when needed. It will be reviewed by _____, 19 _____.

THIS ACTION IS REQUIRED BY THE FOLLOWING STATE REGULATIONS which may be reviewed at the county welfare department:

Manual of Policies and Procedures No. _____

If you want more information about this notice or believe additional facts should be considered, please contact

_____ at (_____) _____
AGENCY REPRESENTATIVE TELEPHONE

**IF YOU DISAGREE WITH ANY PART OF THIS ACTION, SEE THE OTHER SIDE
FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO REQUEST A HEARING**

NOTICE OF INTENDED ACTION AND
RIGHT TO REQUEST A HEARING

Child Welfare Services Notice of Action

DATE MAILED	
AGENCY	
ADDRESS	
CITY	ZIP CODE
SOCIAL WORKER	PHONE

CASE NUMBER:

CASE NAME:

☐ **CHANGE**

The service plan for _____ (CHILD'S NAME) has been changed. It is attached. It will be reviewed again by _____, 19 _____.

☐ **DENIAL**

☐ The county will not give the service requested by _____ (CHILD'S NAME, PARENT'S NAME).

☐ The county will not give _____ (CHILD'S NAME) child welfare services.

☐ **SERVICES WILL BE STOPPED**

The county has stopped child welfare services for _____ (PARENT'S NAME) (CHILD'S NAME).

Here's why: _____ (CHILD'S NAME)

☐ is no longer a court dependent.

☐ has had services and the time limits included in your agreement with the county are up.

☐ seems safe at home without services.

☐ is in permanent placement and the court did not order services for you. (If you want this changed you must ask the court, not the county).

☐ you have refused services.

☐ Other (explain): _____

THIS ACTION IS REQUIRED BY THE FOLLOWING STATE REGULATIONS which may be reviewed at the county welfare department:

Manual of Policies and Procedures No. _____

If you want more information about this notice or believe additional facts should be considered, please contact

_____ at _____
AGENCY REPRESENTATIVE

_____ TELEPHONE

IF YOU DISAGREE WITH ANY PART OF THIS ACTION SEE THE OTHER SIDE
FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO REQUEST A HEARING

State Hearing Information

GENERAL INFORMATION

If you think this action is wrong or you do not agree with your service plan, you may ask for a State Hearing.

NOTE: Court orders cannot be changed by a State Hearing.

If you ask for a hearing before this action takes place you may continue your present service plan unchanged unless the court ordered the change(s).

The best way to ask for a hearing is to fill out the section at the right.

You must ask for a State Hearing within 90 days of the mailing date of this notice.

You may get more information from:

Public Inquiry and Response Unit (PIAR)
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

TOLL FREE NUMBER: 1-(800)952-5253
FOR THE DEAF ONLY CALL: TDD 1-(800)952-8349

The Public Inquiry and Response Unit can also tell you about your hearing rights, your State Hearing file, where to get free legal aid and how to request an interpreter.

You can speak for yourself at the State Hearing. You may also bring a friend, an attorney or anyone else to the hearing to speak for you. You must get the other person yourself. Free legal aid may be available.

I know that the State Hearing Officer might need to see (my, my child's) court order if (I am, my child is) a dependent of the court. By signing this form to ask for a State Hearing, I am also asking the Juvenile Court to give (my, my child's) order to the State Hearing Officer if (I am, my child is) a dependent. This request for the court order can only be used to get information for the State Hearing held because of this request.

HOW TO ASK FOR A STATE HEARING

I am asking for a hearing because of an action by the Welfare Department of _____ County.

I am asking for a hearing because:

☐ I need an interpreter at no cost to me.

I speak only _____ language,
_____ dialect.

☐ I need a signing interpreter.

MY NAME		PHONE NUMBER	
		()	
HOUSE NUMBER STREET AVENUE BLVD			
CITY		STATE	ZIP CODE
DATE AUTHORIZED REPRESENTATIVE			
SIGNATURE		DATE	

The best way to ask for a hearing is to fill out this page and send or take it to:

SIGNATURE _____

DATE _____

If you ask for a hearing the State will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services.

You can also ask for a hearing by calling the PIAR number listed above.

I am asking _____ county welfare department for the service(s) or help with my child or for myself. The services I want are:

I have asked for these services or help with my child or for myself because:

NAME OF PARENT(S)

DATE _____